

Georgia Department of Revenue
 Sales Tax Contracting Unit
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 Atlanta, GA 30345
 (404) 417-4490
 Fax: (404) 417-4313
 E-mail: TSD-sales-tax-contractors@dor.ga.gov
 Website: www.dor.ga.gov



This application is not to be construed to discharge any obligation, bonded or otherwise imposed by section 48-8-63
Only original bonds, signed & notarized can be accepted.
Bond not accepted for contracts less than \$10,000.

NONRESIDENT CONTRACTOR'S APPLICATION FOR AUTHORIZATION TO PERFORM

Contract or Job Number (REQUIRED): _____

Do Not Write in This Space (For Department Use Only)		
Registration No.		Beginning Date of Activity
Bond Number		Date of Release

Name of Business				
Mailing Address				
Type of Ownership	Individual	Partnership	Corporation	Other
Name of Owner(s) or Partners as applies				
Address(s)				
				Interest in Partnership
If Corporation, List Names and Addresses of Officers				
If Other, Specify				
Person For Whom Contract is to be Performed				
Address				
Job Location		City	County	
Type of Contract Work to be Performed				
Beginning Date		Anticipated Date of Job Completion		
Total Cost of Contract				

Attached is registration fee of \$_____ Surety Bond in the amount of \$_____ and completed State of Georgia, Secretary of State, Nonresident Contractor's consent to service of process.

Application must be completed in full and remittance enclosed

Type of Remittance ☐ Cashier Check ☐ Certified Check ☐ Postal Money Order

Signed at (City) _____

Signature _____

(State) _____ this

_____ day of _____ 20____

Title _____

(Signature of Owner or Partners. If Corporation, Authorized Officer must sign.)

E-mail _____